

RECEIVED

2004 NOV 12 PM 12:02

OFFICE OF
HEALTH CARE ACCESS



Chad Wable
Vice President, Marketing & Business Development

November 9, 2004

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford CT 06134-0308

RE: Letter of Intent – Emergency Department Renovation

Dear Commissioner Vogel,

Enclosed please find an original and five (5) copies of the Letter of Intent/Waiver Form for our proposed Emergency Department Renovation project.

This project enables Saint Mary's to access \$1,000,000 in federally designated matching funds, which will assist us in upgrading our current Emergency Department to better accommodate and care for our patients.

Please feel free to contact our Vice President of Operations, Thomas J. Senker at 203.709.6457 or myself at 203.709.3368, should you have any questions or require additional information.

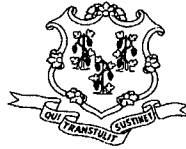
Respectfully,

A handwritten signature in dark ink, appearing to be "Chad Wable", written over a horizontal line.

Chad Wable

CW:jmy

cc: Bob Ritz, President/CEO
Bob Anthony, Esq.



RECEIVED

2004 NOV 12 PM 2:49

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	St. Mary's Hospital Corporation	
Doing Business As	NA	
Name of Parent Corporation	The Slocum Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	56 Franklin Street Waterbury, CT 06706	
Applicant type (e.g., profit/non-profit)	NP	
Contact person, including title or position	Thomas J. Senker VP, Operations	
Contact person's street mailing address	56 Franklin Street Waterbury, CT 06706	
Contact person's phone #, fax # and e-mail address	(203) 709-6457 (phone) (203) 709-3238 (fax) tsenker@stmh.org	

SECTION II. GENERAL APPLICATION INFORMATION

- a. Proposal/Project Title:
Emergency Department Renovation
- b. Type of Proposal, please check all that apply:
- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |
- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☒ Project expenditure/cost cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000
- c. Location of proposal (Town including street address):
56 Franklin Street, Waterbury CT 06706
- d. List all the municipalities this project is intended to serve:
Greater Waterbury area, including Waterbury, Wolcott, Cheshire, Thomaston, Prospect, Naugatuck, Southbury, Woodbury, Middlebury, and Watertown
- e. Estimated starting date for the project:
June 1, 2005

f. Type of project: **31-Renovations**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: **\$2,500,000**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 2,500,000
Medical Equipment (Purchase)	\$0
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,500,000
Fair Market Value of Leased Equipment	\$0
Total Capital Cost	\$2,500,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity ☐ Lease Financing ☒ Conventional Loan

- ☒ Charitable Contributions ☐ CHEFA Financing ☒ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT


Applicant: St. Mary's Hospital Corporation

Project Title: Replacement of Interventional Radiology Equipment

I, Robert P. Ritz, President and Chief Executive Officer
(Name) (Position – CEO or CFO)

of Saint Mary's Corporation being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Saint Mary's Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

11/8/04
Date

Subscribed and sworn to before me on 8th day of November, 2004


Notary Public/Commissioner of Superior Court

My commission expires: JANICE M. YOUNG
NOTARY PUBLIC
My Commission Expires Feb. 28, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

building two new nurses' stations that will allow for increased visibility and coverage. Additionally, the modified design cosmetically upgrades the existing space and relocates Behavioral Health patients into an enclosed space on the former Observation Unit, providing for increased privacy and improved monitoring and supervision by staff.

The total project requires funding of an estimated \$2,500,000. Saint Mary's will provide \$1,500,000 of capital financing of which \$400,000 will be donated by the Saint Mary's Hospital Foundation. Saint Mary's Hospital will also access \$1,000,000 in awarded federal matching funds that have been designated for this project.

It is intended that construction would be initiated on June 1, 2005.



Thomas J. Senker
Vice President, Operations

PROJECT DESCRIPTION

TO: Office of Healthcare Access
FROM: Thomas J. Senker
DATE: October 7, 2004
SUBJECT: Emergency Department Renovations

Saint Mary's Hospital proposes a \$2,500,000 physical upgrade of the existing Emergency Department (ED) space, a space that was initially designed for 30,000 visits a year yet now accommodates close to 60,000 patients annually.

On average, 12% of the patients seen in the ED are admitted to SMH accounting for approximately 65% of all SMH hospital admissions. Unfortunately, despite its functioning as a major portal of entry for the hospital, the existing ED space is overcrowded, unattractive and provides little support for patient privacy or confidentiality. As a result, Press Ganey patient satisfaction scores for the ED are among the lowest in the hospital and the typically chaotic environment found in most EDs is further exacerbated, creating difficult working conditions for staff.

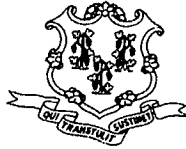
The intent of the ED renovation is to update and modernize the existing ED into a more contemporary facility that provides improved space functionality and design, thus better enabling SMH to deliver quality care in an appropriate setting. Additionally, the project will enable SMH to access \$1,000,000 in federal matching funds that have been designated for this purpose but will be lost if construction is not started by September 2005.

Planning for the ED initially focused on creating a plan that involved optimizing the existing ED space to its fullest capabilities. The resulting initial design involved a full renovation of the 23,000 square feet and even created a separate Urgent Care entrance with the proposed demolition of the Lawlor Building. Unfortunately, at a total cost of close to \$7,00,000, the ideal design was prohibitively expensive as a single capital project.

This project could stand on its' own should no further work be completed yet it is open to the possibility of additional phases. The ED renovation allows Saint Mary's to accomplish four primary objectives:

1. Improve image through upgrades to cosmetic appearance;
2. Improve patient privacy and compliance with HIPAA regulations through design;
3. Increase capacity and throughput; and
4. Improve patient flow and functionality of space.

The proposed design accomplishes these objectives and involves decompressing the ED of office space and Radiology, creating two new trauma rooms, developing an expanding waiting area and



RECEIVED

2004 NOV 12 PM 12:03

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	St. Mary's Hospital Corporation	
Doing Business As	NA	
Name of Parent Corporation	The Slocum Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	56 Franklin Street Waterbury, CT 06706	
Applicant type (e.g., profit/non-profit)	NP	
Contact person, including title or position	Thomas J. Senker VP, Operations	
Contact person's street mailing address	56 Franklin Street Waterbury, CT 06706	
Contact person's phone #, fax # and e-mail address	(203) 709-6457 (phone) (203) 709-3238 (fax) tsenker@stmh.org	

SECTION II. GENERAL APPLICATION INFORMATION

- a. Proposal/Project Title:
Emergency Department Renovation
- b. Type of Proposal, please check all that apply:
- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |
- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☒ Project expenditure/cost cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000
- c. Location of proposal (Town including street address):
56 Franklin Street, Waterbury CT 06706
- d. List all the municipalities this project is intended to serve:
Greater Waterbury area, including Waterbury, Wolcott, Cheshire, Thomaston, Prospect, Naugatuck, Southbury, Woodbury, Middlebury, and Watertown
- e. Estimated starting date for the project:
June 1, 2005

f. Type of project: **31-Rennovations**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: **\$2,500,000**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 2,500,000
Medical Equipment (Purchase)	\$0
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,500,000
Fair Market Value of Leased Equipment	\$0
Total Capital Cost	\$2,500,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity ☐ Lease Financing ☒ Conventional Loan

- ☒ Charitable Contributions ☐ CHEFA Financing ☒ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT


Applicant: St. Mary's Hospital Corporation

Project Title: Replacement of Interventional Radiology Equipment

I, Robert P. Ritz, President and Chief Executive Officer
(Name) (Position – CEO or CFO)


of Saint Mary's Corporation being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Saint Mary's Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.


Signature

11/8/04
Date

Subscribed and sworn to before me on 8th day of November, 2004


Notary Public/Commissioner of Superior Court

My commission expires: JANICE M. YOUNG

NOTARY PUBLIC
My Commission Expires Feb. 28, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

building two new nurses' stations that will allow for increased visibility and coverage. Additionally, the modified design cosmetically upgrades the existing space and relocates Behavioral Health patients into an enclosed space on the former Observation Unit, providing for increased privacy and improved monitoring and supervision by staff.

The total project requires funding of an estimated \$2,500,000. Saint Mary's will provide \$1,500,000 of capital financing of which \$400,000 will be donated by the Saint Mary's Hospital Foundation. Saint Mary's Hospital will also access \$1,000,000 in awarded federal matching funds that have been designated for this project.

It is intended that construction would be initiated on June 1, 2005.



Thomas J. Senker
Vice President, Operations

PROJECT DESCRIPTION

TO: Office of Healthcare Access

FROM: Thomas J. Senker

DATE: October 7, 2004

SUBJECT: Emergency Department Renovations

Saint Mary's Hospital proposes a \$2,500,000 physical upgrade of the existing Emergency Department (ED) space, a space that was initially designed for 30,000 visits a year yet now accommodates close to 60,000 patients annually.

On average, 12% of the patients seen in the ED are admitted to SMH accounting for approximately 65% of all SMH hospital admissions. Unfortunately, despite its functioning as a major portal of entry for the hospital, the existing ED space is overcrowded, unattractive and provides little support for patient privacy or confidentiality. As a result, Press Ganey patient satisfaction scores for the ED are among the lowest in the hospital and the typically chaotic environment found in most EDs is further exacerbated, creating difficult working conditions for staff.

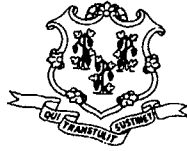
The intent of the ED renovation is to update and modernize the existing ED into a more contemporary facility that provides improved space functionality and design, thus better enabling SMH to deliver quality care in an appropriate setting. Additionally, the project will enable SMH to access \$1,000,000 in federal matching funds that have been designated for this purpose but will be lost if construction is not started by September 2005.

Planning for the ED initially focused on creating a plan that involved optimizing the existing ED space to its fullest capabilities. The resulting initial design involved a full renovation of the 23,000 square feet and even created a separate Urgent Care entrance with the proposed demolition of the Lawlor Building. Unfortunately, at a total cost of close to \$7,00,000, the ideal design was prohibitively expensive as a single capital project.

This project could stand on its' own should no further work be completed yet it is open to the possibility of additional phases. The ED renovation allows Saint Mary's to accomplish four primary objectives:

1. Improve image through upgrades to cosmetic appearance;
2. Improve patient privacy and compliance with HIPAA regulations through design;
3. Increase capacity and throughput; and
4. Improve patient flow and functionality of space.

The proposed design accomplishes these objectives and involves decompressing the ED of office space and Radiology, creating two new trauma rooms, developing an expanding waiting area and



RECEIVED

2004 NOV 12 PM 12: 03

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	St. Mary's Hospital Corporation	
Doing Business As	NA	
Name of Parent Corporation	The Slocum Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	56 Franklin Street Waterbury, CT 06706	
Applicant type (e.g., profit/non-profit)	NP	
Contact person, including title or position	Thomas J. Senker VP, Operations	
Contact person's street mailing address	56 Franklin Street Waterbury, CT 06706	
Contact person's phone #, fax # and e-mail address	(203) 709-6457 (phone) (203) 709-3238 (fax) tsenker@stmh.org	

SECTION II. GENERAL APPLICATION INFORMATION

- a. Proposal/Project Title:
Emergency Department Renovation
- b. Type of Proposal, please check all that apply:
- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |
- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☒ Project expenditure/cost cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000
- c. Location of proposal (Town including street address):
56 Franklin Street, Waterbury CT 06706
- d. List all the municipalities this project is intended to serve:
Greater Waterbury area, including Waterbury, Wolcott, Cheshire, Thomaston, Prospect, Naugatuck, Southbury, Woodbury, Middlebury, and Watertown
- e. Estimated starting date for the project:
June 1, 2005

f. Type of project: **31-Renovations**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: **\$2,500,000**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 2,500,000
Medical Equipment (Purchase)	\$0
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,500,000
Fair Market Value of Leased Equipment	\$0
Total Capital Cost	\$2,500,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity ☐ Lease Financing ☒ Conventional Loan

- ☒ Charitable Contributions ☐ CHEFA Financing ☒ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT


Applicant: St. Mary's Hospital Corporation

Project Title: Replacement of Interventional Radiology Equipment

I, Robert P. Ritz, President and Chief Executive Officer
(Name) (Position – CEO or CFO)

of Saint Mary's Corporation being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Saint Mary's Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.


Signature

11/8/04
Date

Subscribed and sworn to before me on 8th day of November, 2004


Notary Public/Commissioner of Superior Court

My commission expires: JANICE M. YOUNG

NOTARY PUBLIC
My Commission Expires Feb. 28, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

building two new nurses' stations that will allow for increased visibility and coverage. Additionally, the modified design cosmetically upgrades the existing space and relocates Behavioral Health patients into an enclosed space on the former Observation Unit, providing for increased privacy and improved monitoring and supervision by staff.

The total project requires funding of an estimated \$2,500,000. Saint Mary's will provide \$1,500,000 of capital financing of which \$400,000 will be donated by the Saint Mary's Hospital Foundation. Saint Mary's Hospital will also access \$1,000,000 in awarded federal matching funds that have been designated for this project.

It is intended that construction would be initiated on June 1, 2005.



Thomas J. Senker
Vice President, Operations

PROJECT DESCRIPTION

TO: Office of Healthcare Access

FROM: Thomas J. Senker

DATE: October 7, 2004

SUBJECT: Emergency Department Renovations

Saint Mary's Hospital proposes a \$2,500,000 physical upgrade of the existing Emergency Department (ED) space, a space that was initially designed for 30,000 visits a year yet now accommodates close to 60,000 patients annually.

On average, 12% of the patients seen in the ED are admitted to SMH accounting for approximately 65% of all SMH hospital admissions. Unfortunately, despite its functioning as a major portal of entry for the hospital, the existing ED space is overcrowded, unattractive and provides little support for patient privacy or confidentiality. As a result, Press Ganey patient satisfaction scores for the ED are among the lowest in the hospital and the typically chaotic environment found in most EDs is further exacerbated, creating difficult working conditions for staff.

The intent of the ED renovation is to update and modernize the existing ED into a more contemporary facility that provides improved space functionality and design, thus better enabling SMH to deliver quality care in an appropriate setting. Additionally, the project will enable SMH to access \$1,000,000 in federal matching funds that have been designated for this purpose but will be lost if construction is not started by September 2005.

Planning for the ED initially focused on creating a plan that involved optimizing the existing ED space to its fullest capabilities. The resulting initial design involved a full renovation of the 23,000 square feet and even created a separate Urgent Care entrance with the proposed demolition of the Lawlor Building. Unfortunately, at a total cost of close to \$7,00,000, the ideal design was prohibitively expensive as a single capital project.

This project could stand on its' own should no further work be completed yet it is open to the possibility of additional phases. The ED renovation allows Saint Mary's to accomplish four primary objectives:

1. Improve image through upgrades to cosmetic appearance;
2. Improve patient privacy and compliance with HIPAA regulations through design;
3. Increase capacity and throughput; and
4. Improve patient flow and functionality of space.

The proposed design accomplishes these objectives and involves decompressing the ED of office space and Radiology, creating two new trauma rooms, developing an expanding waiting area and